

AFFIDAVIT

BY APPLICANT FOR WHOLESALERS TOBACCO PRODUCTS PERMIT

State of _____)
)ss
County of _____)

Before me _____ . a _____
Name Title

for the county and state aforesaid, this day personally appeared _____

_____, who, being duly sworn, upon oath states:
Full Name

(1). That in my capacity as _____ I am authorized to make attestations for
Position in Business
the applicant.

(2). That _____ is the full name of the applicant. That
Name of Business

Applicant is organized as an individual proprietorship (), a partnership (), or a corporation ().

(3). That the owner(s) of the applicant business (is) (are):

A. _____, _____, _____
Full Name (no Abbreviations) Age Office Address
_____, _____
Residence Address Length of Residence in County
_____, _____
Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

B. _____, _____, _____
Full Name (No Abbreviations) Age Office Address
_____, _____
Residence Address Length of Residence in County
_____, _____
Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

C. _____, _____, _____
Full Name (no abbreviations) Age Office Address
_____, _____
Residence Address Length of Residence in County
_____, _____
Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

(4). That the Federal Identification Number of the Applicant is _____.

(5). That the Applicant is a Wholesaler in fact that is operating out of

Office Location
Which property is owned (), or leased (). _____
If leased state exact period
_____; _____
Lease and lessor's name and address Warehouse location

Provide a copy of the Lease Agreement and a photograph of all buildings to be used for storage of inventory or files. No building may be used to store inventory or files, which contains personal living quarters which is accessible from the area proposed to be used as a building location.

- (6). That the applicant will, from time to time, on request from the Director, or his agent, furnish the Tobacco Control Board with an updated list of all employees.
- (7). That the owners or officers of the applicant have attached hereto the letters as to their moral character as required by Act 546 of 1977 and regulations promulgated thereunder. Submit three (3) letters of character on each person, stockholder, or owner holding more than 5% interest in the business. If the business is incorporated or a partnership, submit two (2) letters of character on each. Form letters will not be accepted.
- (8). The applicant shall submit three (3) letters of credit on the business applying. These letters are to be on company letterhead.
- (9). That attached hereto is a copy of a Dun & Bradstreet report reflecting the financial status of the applicant or a financial statement prepared by a Certified Public Accountant.
- (10). That the applicant agrees to furnish the Director with a copy of a financial statement prepared by a Certified Public Accountant either annually or at such times as the Director may request.
- (11). Each applicant agrees to maintain a list of prices for all tobacco products, which will be sold, such price lists are to be kept in the business office and made available to each customer, the Board, the Director of the Tobacco Control Board, or an investigator for the Tobacco Control Board.
- (12). The Arkansas Sales and Use Tax Number of the applicant is _____, as required by Act 1368 of 2001, effective April 6, 2001.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, 19 _____.

Signature & Title of Officer Administering Oath

My Commission Expires: _____